

2013-14 CDBG/NOF
Proposal Writing Workshop

Welcome



2013-14 CDBG/NOF
Proposal Writing Workshop

Brought to you by:

**The City Planning Commission
(CPC) &**

**The Planning and Development
Department (P&DD)**

2013-2014 CDBG/NOF
Proposal Writing Workshop

INTRODUCTIONS



WORKSHOP GOALS

- 1) To help you develop a proposal that demonstrates your capacity to implement a program
- 2) To help you succeed in getting your proposal funded
- 3) To point out any changes



PACKET CONTENTS...

NEXT...

THE CDBG PROGRAM AND

THE CONSOLIDATED PLAN

CDBG Program Presentation Overview

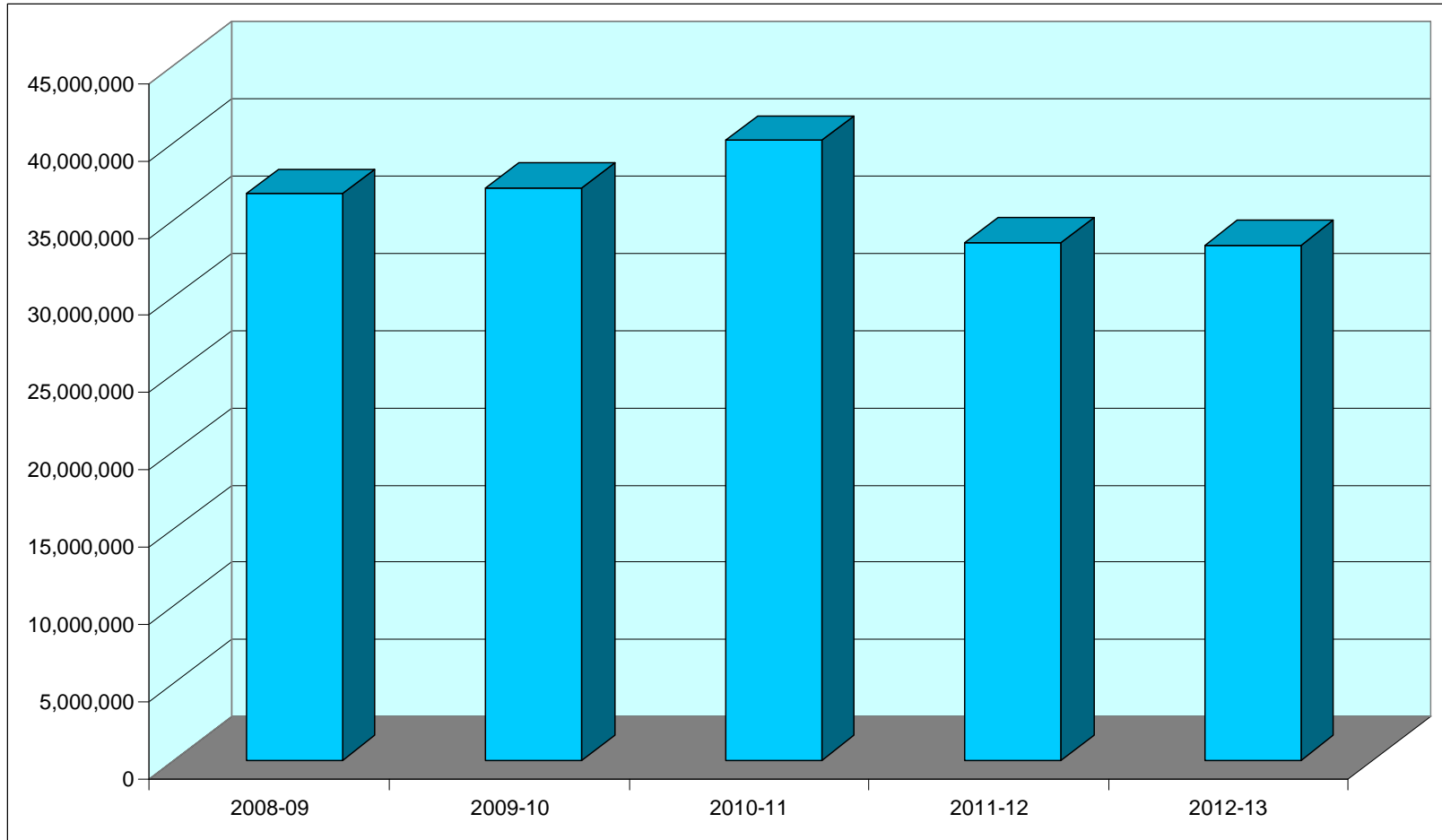
In this presentation, we will cover:

- Fast Facts about the CDBG Program
- Guiding Documents of the CDBG Program
- Federal Regulations governing the CDBG Program
- The Mayor's General Goals for the CDBG Program
- The Proposal Submission Requirements

CDBG Program – Fast Facts

- Authorized under Title I of the Housing and Community Development Act of 1974
- Funded through annual appropriations by the U.S. Congress
- Allocations are made to States, Urban Counties and Entitled Local Governments based upon a formula devised by the U.S. Department of Housing and Urban Development (HUD)
- 2013 – 2014 CDBG allocation to the City of Detroit is undetermined

City of Detroit CDBG Allocations, 2008 – 2012



CDBG Program – Guiding Documents

➤ Two (2) Documents Guide the CDBG Program for Recipients:

- Consolidated Plan
- Action Plan

HUD must review and approve these plans before
Recipients may expend funds

CDBG Program – Guiding Documents

➤ Consolidated Plan

- Three- to Five-Year Plan that analyzes existing conditions and identifies and prioritizes the following needs: affordable housing needs, community development needs, needs of vulnerable persons and families
- Guides the resources of the CDBG Program, HOME Investment Partnership Program, Emergency Solutions Grant, and the Housing Opportunities for Persons With AIDS (HOPWA) Program

CDBG Program – Guiding Documents

➤ Consolidated Plan, Continued...

- City of Detroit submitted the 2012 – 2015 Consolidated Plan to HUD on August 8, 2012.

➤ Action Plan

- Annual Plan that implements the strategies identified in the Consolidated Plan. The City of Detroit submitted the 2012 – 2013 Action Plan with the Consolidated Plan.

CDBG Program – Federal Regulations

- The CDBG Program is governed by the Code of Federal Regulations, Title 24, Part 570
- All activities funded through the CDBG Program must pass a two-pronged test...
 - Meet the definition of an eligible activity
 - Demonstrate compliance with a National Objective

CDBG Program – Federal Regulations

- Meet the definition of an eligible activity – Federal regulations define a number of eligible activities. The City of Detroit will focus the CDBG Program on the following eligible activities:

- Administration

- Demolition

- Home Repair

- Planning Activities

All of these activities are administered by the City of Detroit.

CDBG Program – Federal Regulations

- Eligibility – Federal regulations identify a number of eligible activities. The City of Detroit will focus the CDBG Program on the following eligible activities:

- Commercial Façade Rehabilitation
- Public Facility Rehabilitation
- Public Services (General)*
- Public Services for Homeless Persons and Families*

*All Public Services can account for no more than 15% of the total CDBG allocation

CDBG Program – Federal Regulations

➤ Compliance with a National Objective – Federal regulations identify three national objectives:

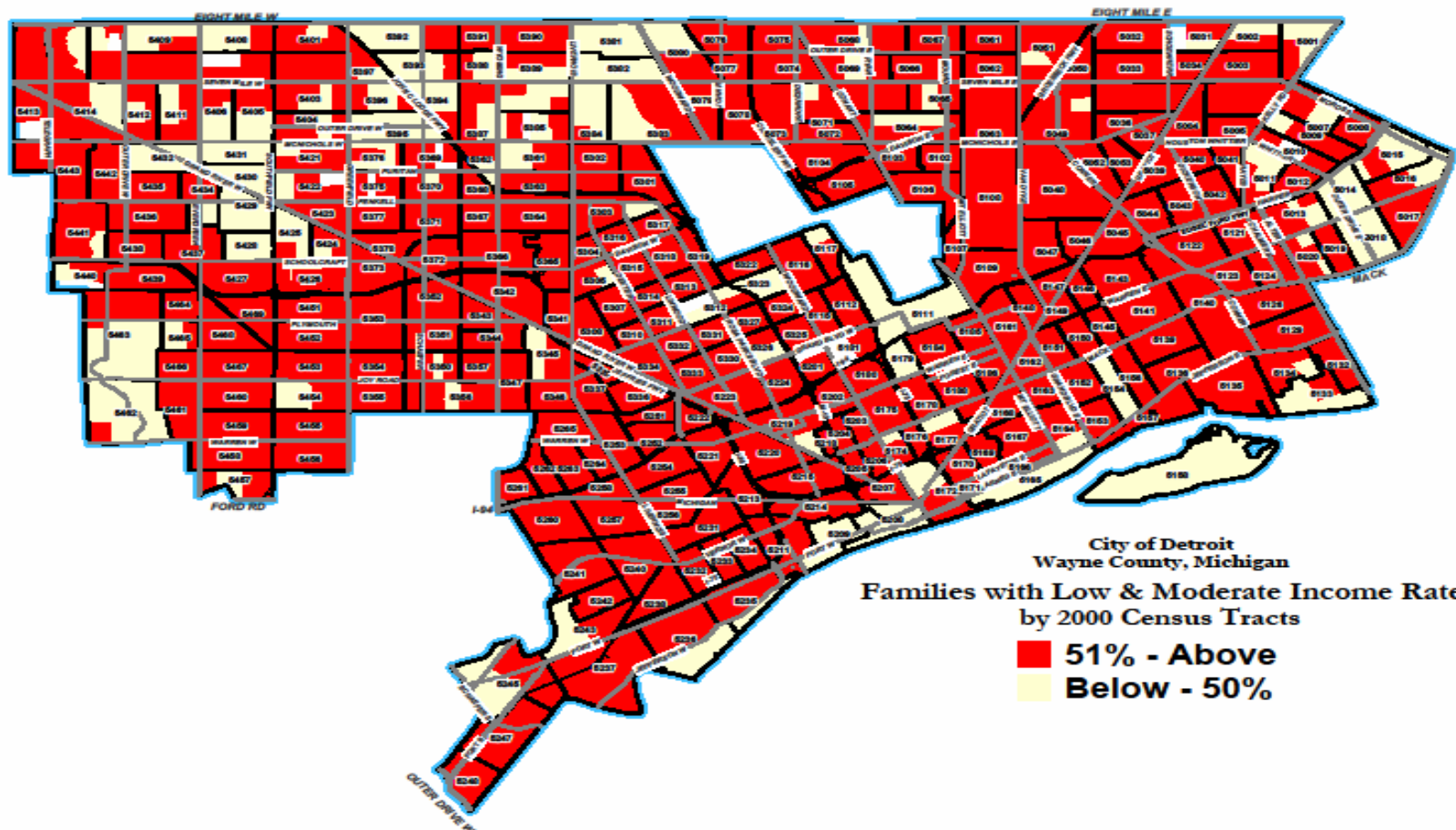
- Benefit low- to moderate-income persons
- Prevent or eliminate slums and blight
- Urgent community development needs

70% of all CDBG funds must meet this National Objective

CDBG Program – Federal Regulations

- Benefit low- to moderate-income persons
 - Area Benefit Activities – 51% or more of the persons residing in the area (usually Census Tracts) benefiting from a particular activity live in a low- to moderate-income household
 - Limited Clientele Activities – 51% or more of the persons benefiting from the activity live in a low- to moderate-income household

CDBG Program – Federal Regulations



CDBG Program – Mayor's General Goals

- Comply with HUD guidance to provide decent housing, expanded economic opportunities and suitable living environments
- Expend CDBG funds in a timely manner
- Align with the Detroit Works Project
- Demolish blighted structures

CDBG Program – Mayor's General Goals

- Assist homeowners with home repairs and neighborhood stabilization
- Help vulnerable citizens, including (but not limited to) homeless persons and families, persons with HIV / AIDS, survivors of abuse or neglect

CDBG Program – Proposal Submission

- Remember to include one (1) original and three (3) copies of the completed Proposal Form. Place the original and each copy of the completed Proposal Form in a separate envelope. Clearly mark “Original” on the envelope containing the original Proposal Form.
- Proposals are due by **5:00 P.M. on Friday, January 11, 2013**. Postmarked proposals must also be in P&DD offices by 5:00 P.M. on January 11, 2013.

CDBG Program – Proposal Submission

- Applicants must submit a complete proposal in person or by mail to the Planning and Development Department at 65 Cadillac Square, Suite 2300 (23rd Floor), 48226.

NEXT...

*OVERVIEW OF
MAJOR CHANGES
FOR 2013-14*

CHANGES 2013-14

- 1) No Economic Development Application**
- 2) Add Commercial Façade Rehab to PFR Application**

CHANGES 2013-14

3) Threshold

- **Typed**
- **Must be “Current” 501c3**
- **Cash Flow Statement**
- **Cash on Hand - at Least 7%**
- **No 25% match**

4) Consolidation, Rearrangement, & Addition

PS & HPS FORMAT

- **Sum**
- **Org**
- **PS**
- **Attachments**

- **Sum**
- **Org**
- **MP**
- **PS**
- **Out**
- **Bud**
- **Attachments**

PFR FORMAT

- **Sum**
- **Org**
- **PFR**
- **MRP**
- **Attachments**

- **Sum**
- **Org**
- **PFR / BUD /
MRP**
- **CFR / BUD**
- **Attachments**

CHANGES 2013-14

5) Are Your Board Members Bonded?

6) 7 ?'s About Management Plan

7) 6 ?'s About Outputs & Outcomes

CHANGES 2013-14

8) 16 ?'s About Budget

- Cash on Hand
- Describe Financial Management
- Justify Expenses

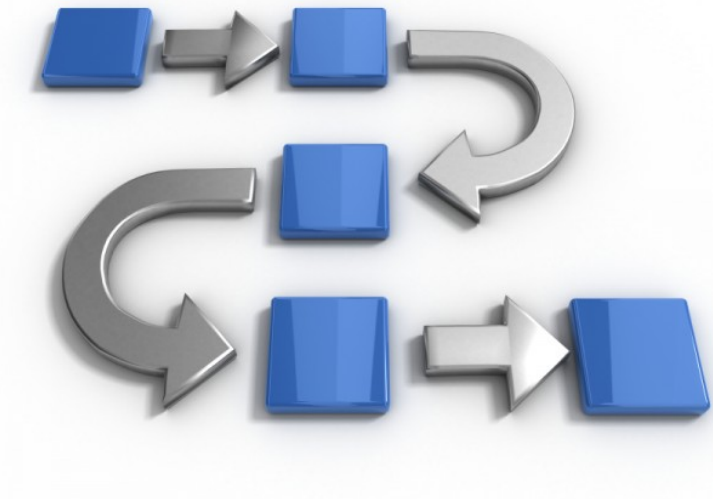
CHANGES 2013-14

9) PS Minimum Request

\$100,000

NEXT...

*CDBG/NOF
PROGRAMS & PROCESS*



THIS REVIEW WILL COVER . . .

- ✓ **The Proposal Review Process**
- ✓ **The Participants**
- ✓ **The Schedule**
- ✓ **Joint Threshold Criteria**
- ✓ **Warnings**

THE PARTICIPANTS

LEGISLATIVE

- 1) City Council
- 2) CPC
- 3) CRC

ADMINISTRATIVE

- 1) The Mayor
- 2) Planning &
Development Dept.

THE PARTICIPANTS

**Most importantly,
YOU
the
Community
Organizations**



CITY COUNCIL REVIEW

**For each proposal, City Council
will consider
recommendations from these
sources:**

1) Mayor

2) CPC Staff & CRC

THE OVERALL 2013-14 *SCHEDULE*

- **Deadline for proposals is January 11, 2013**
- **January thru March- review**
- **Final decision in April/May....**
- **July 1, 2013 The 2013-14 CDBG/NOF program year begins**

TIMELINE

December

- Workshops, December 1st & 5th**
- CPC staff provides technical assistance to organizations from December 3rd until January 8th.**

TIMELINE

January

- Proposals are due Friday, January 11, 2013**
- Threshold Review with CPC and P&DD staff**
- P&DD, CPC and Citizen Review Committee review process begins**

January-April

- Review process finalized**
- CPC & CRC submits recommendations to Commissioners**
- P&DD concurrently submits recommendations to the Mayor's Office**
- CPC submits ALL recommendations to City Council**
- City Council conducts a Public hearing and Appeals Hearings**
- Council Deliberations begins**
- City Council and Mayor finalize allocations**

Program Applications

There are Three different proposals for 2013-14:

- Public Service**
- Homeless Public Service**
- Public Facility Rehabilitation**

Program Applications

- **You must declare what funding category you are applying for.**
 - **Ex. The Public Service application has several activities and you must select one.**
 - **If your organization has several public service activities you need to submit a separate program activity section for each activity.**

PROPOSAL FORMS

- If you are unsure of what proposal you need, please ask staff
- **Required to submit 4 copies including the original marked as such.**

All copies must be complete!!!

If any of the 4 copies is incomplete, your proposal will be disqualified

E-VERSION OF PROPOSALS

Microsoft Word versions of the proposals as well as the Powerpoint Presentation will be available on the City Planning Commission page of the City website

www.detroitmi.gov

- City Council
- Council Divisions
- City Planning Commission
- Community Development Block Grant

INFO PACKAGE

It is crucial for you to review the information package:

- Telephone Directory for Staff to access Technical Assistance**
- Resources for Technical Assistance**
 - 2012-13 Allocations**
 - Other Useful Information**

THRESHOLD CRITERIA

- **What are the Threshold Criteria?**
- **The rules governing who is eligible for CDBG/NOF funding and who isn't**
- **All proposals will be reviewed using the Threshold Criteria for eligibility.**

RANKING CRITERIA

- **Individual proposals will be accessed according to points that they receive from proposal evaluation.**

WARNINGS!

- Being awarded an amount Does Not equal a Contract!!!
- Do not proceed without a Notice to Proceed

Do not commit any funds until a contract is in place!

NEXT...

OVERVIEW OF . . .

- COVER PAGE*
- SUMMARY SECTION*
- ORGANIZATIONAL PROFILE &*
- MANAGEMENT PLAN*

I. COVER PAGE

- **1st Page of Application**
- **PS & HPS – No Page #**
- **PFR & CFR – Page 2**

NAMES

- **Sponsor**
- **Project**
- **Contact Person (most familiar)**
- **Executive Director (PS & HPS)**

ADDRESS

- **Preferred Mailing**
- **Administrative
Offices**
- **Primary Program
Site(s)**



TOTAL \$\$ REQUESTED

- Minimum \$100,000**
- May Have More Than One Request**

II. SUMMARY SECTION

PS & HPS - 3 Pages
PFR & CFR - 2 Pages

SUMMARY SECTION

–Sum-3 New

“Have you ever applied before?”

–Sum-6 for PS Activities

**Clarifies that “Recreation” includes
Arts & Sports**

SUMMARY SECTION

Sum-7 PS & HPS or

Sum-6 PFR & CFR

“Briefly describe the project”

EXAMPLE:

“The Clark Park Coalition seeks funding for quality recreational, educational, and social skills programs for 600 low-income and moderate-income youth ages 6 to 17 during the summer and after-school hours in southwest Detroit. Services will be based at the Clark Park Rec Center at 1130 Clark St . . .”

III. ORGANIZATIONAL INFO

Reduced from 28 to 16 questions

ORGANIZATIONAL INFO

- **Org-1 Date organized (page 5)**
“Sponsors must have been an existing organization for at least one year prior to submission . . .”
- **Org-4 Do you have a 501(c)(3)?**

ORGANIZATIONAL INFO

–Org-5 Mission Statement

–Org -6 Unique Experiences



BOARD MEMBERS

- Answer All of the Questions (some are new)**
- Org-12**
 - “Are your board members bonded?”**
- What is a Good Board?
(Do's & Don'ts)**

ORG STAFFING ?'S

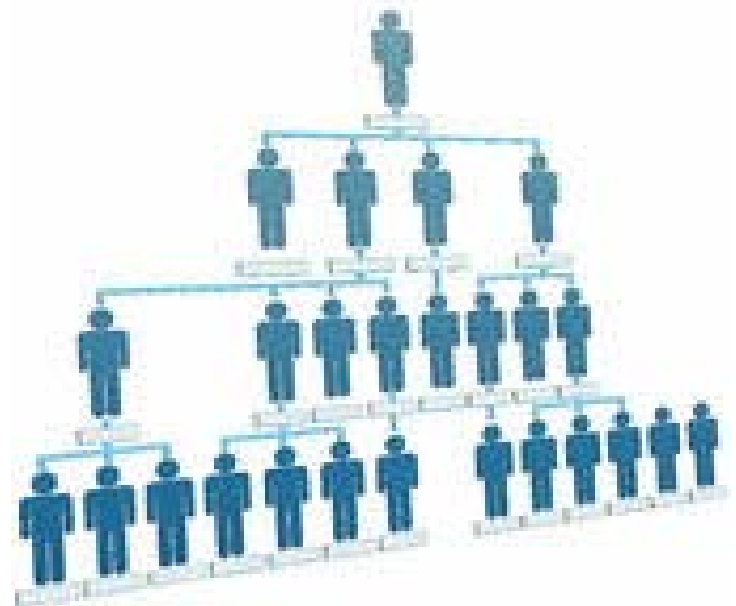
- Org 14-16 (PS & HPS)
Org 14-17 (PFR & CFR)
- Staffing Table

IV. MANAGEMENT PLAN *PS & HPS ONLY*

- **New this Year – pages 8 & 9**
- **7 Questions**
- **MP-1 & MP-2**
Brief Overview
- **MP-3**
Problem Definition & Need

MP-4 ORGANIZATION CHART

MP-5 Staff Responsibilities



MANAGEMENT PLAN

–MP-6

**Funding Action Plan Table
(Activity & Source of \$)**

–MP-7

**Timing Plan Table
(Activity & Length of Program)**

BUDGET

BUDGET

Bud-2, Bud-3

- **Total budget?**
- **Total cash on hand?**

**(requirement for PS, HPS; may
contribute to PFR, CFR)**

BUDGET

Bud-4, Bud-5

Have you been audited?

BUDGET

Bud-6 - Bud-10

other funding sources

(may contribute to PFR, CFR)

BUDGET

Bud-14. Public Service Budget

Bud-14

Complete the following budget form for the requested public service activity:	Amount from other funding source(s)	Amount from 2013-2014 CDBG/NOF
PERSONNEL		
Salaries <i>(should match total from salaries-Page 7, Org-16)</i>		
Employer Taxes (FICA, FUTA, etc.)		
Fringe (health insurance, life insurance, etc.)		
Independent contractor/consultant personal services contracts <i>(List title for each & hourly rate or weekly pay or other fee scale)</i>		
OPERATING EXPENSES (pro rata share)		
SPECIFIC PROGRAM EXPENSES –Excluding personnel (Itemize)		
TOTAL AMOUNT REQUESTED FROM CDBG/NOF		

ATTACHMENTS

ATTACHMENTS

- **Label all attachments**
- **If it does not apply, label “n/a”**

ATTACHMENT #1

THREE LETTERS OF SUPPORT

- **Include author's name, address, and signature**
- **Dated in 2012**
- **One must be from a program recipient**

ATTACHMENT #1

THREE LETTERS OF SUPPORT



ATTACHMENT 1: SUPPORT LETTERS

School of Dentistry

January 26, 2012

The Mayor & City Council of the City of Detroit,
Detroit, MI

The University of Detroit Mercy School of Dentistry and the American Student Dental Association Chapter at the University of Detroit Mercy are pleased to be in collaboration with DePaul Dental Clinic on 3000 Gratiot Ave., Detroit.

Students from UDM School of Dentistry with their faculty serve at the clinic to gain valuable hands-on experience while being exposed to socio-economic community issues in a real-world clinical setting. DePaul Dental Clinic has a successful track record in providing oral care to uninsured residents of the Detroit area. We are aware of their upcoming projects and have observed their commitment to provide quality programs in prevention, and treatment.

The University of Detroit Mercy School of Dentistry and the American Student Dental Association Chapter at the University of Detroit Mercy support DePaul Dental Clinic and strongly recommend them for funding consideration.

Sincerely,

D. Byrappagari
Divesh Byrappagari BDS, MSD
Director of Community Programs
University of Detroit Mercy School of Dentistry

www.udmercy.edu

2700 Martin Luther King Jr Blvd
Detroit, Michigan 48208-2576
313-494-6680



WARREN/CONNER DEVELOPMENT COALITION

11148 HARPER AVE., DETROIT, MICHIGAN 48213 • (313) 571-2800 • FAX (313) 571-7510

2010-2011 Executive Committee:

Annie Griffin, Vice Chair and Secretary
Gratiot Woods Coalition
Charles Hill, Vice Chair and Treasurer
DTR-Strongy

Rev. Patrick Gahagan, Chair
Chandler Park Neighborhood Association
Maggie DeSantis, President/CEO

Angela Wilson, Vice Chair
Resident At-Large/Committee In Schools
Charles Walker, Member At-Large
Save-A-Lot Grocery Store

1/27/12

City of Detroit Planning and Development Department
Cadillac Tower
65 Cadillac Square
2nd Floor
Detroit, MI 48226

Re: The Dominican Literacy Center Public Service CDBG / NOF grant 2012-2013

Dear Grant Director:

The number of adults seeking technology, mathematics and literacy education continues to increase daily. Combine that with the extremely high unemployment rate in the City of Detroit and you will find the need to continue to support the excellent work that Dominican Literacy Center (DLC) provides for all those in the community who have the desire to better themselves with the skills prospective employers look for.

The service DLC provides to the community is a direct reflection to the growth they are experiencing. Long hours and hard work give an advantage to the residents of Detroit and they are excellent partners for Warren Conner Development Coalition.

The staff at Warren Conner and the entire community supports and benefit from the work the Sisters, employees and volunteers provide to the lower east side. DLC is truly a committed partner.

Sincerely,

Christopher Hines
Christopher Hines
Property Manager / Facilities Coordinator
Warren Conner Development Coalition
11148 Harper Avenue
Detroit, MI 48213
313-571-2800
X-1108

BOARD MEMBERS 2010-2011

Wanda Bailey Jenkins, Resident At-Large • Gary Bullock, Project GROW/Youth On The Edge... of Gratiot
Carol Coleman, Resident At-Large/Northeast Conference Center • Debbie Goodwin, St. John Providence Health System
Mark Gorington, Georgia Street Collective • Larry Davis, Babas-Balls-Halcoms Black Child/Rebuilding Communities, Inc. • Sonya Boston, PWS Chemicals
Selma Gaddy, The formidable Group/Village at Parkside • Pastor James Jamison, Justice Temple Ministry Baptist Church
Trey Kasey, Chrysler Group LLC • Mark Owens, Samaritan Center • Dr. Sandra Robinson, Wayne County Community College District, Eastern Campus
Shadeika Service, FCS Partnership - McDonald's • Patrick Sperti, PMA Third Bank • James Williams, Burns-Sewers Fisher Block Club

ATTACHMENT 1: SUPPORT LETTERS

To whom it may concern, 1-26-12
I believe this dental clinic is an extremely important to the community of large. People are having a hard time finding employment, especially at jobs with medical and dental. Also dental is extremely important to one's health in general. I personally could not find and help with my teeth and need it very much to help me or I would not be able to have any dental work done. I am newly divorced with an income of only \$400.00 a month and have no means of getting dental any other way. I also have had severe rupture, so chewing my food properly is important to my health in general. I also want to thank all the dentist & people whom volunteer here. Please keep this program, without it many of us could not receive dental at all.

Thank-You
[Signature]

ATTACHMENT #2

NONPROFIT CORPORATION INFORMATION UPDATE

**(MICHIGAN ANNUAL NONPROFIT
REPORT)**

ATTACHMENT #2

BCSICO-2000 (08/12)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
NONPROFIT CORPORATION INFORMATION UPDATE



2012

Due October 1, 2012 This report can be filed online at www.michigan.gov/fileonline

Identification Number 886097	Corporation name _____, INC.
Resident agent name and mailing address of the registered office REV _____ WOODROW WILSON DETROIT MI 48206	
The address of the registered office WOODROW WILSON DETROIT MI 48206	

FILED

RECEIVED

AUG 08 2012

AUG - 3 2012

by Department
Bureau of Commercial Services

\$20 Dept. of LEG

☐ I certify that the board consists of 3 or more directors, and further certify that all directors' names and addresses are previously filed with the Department, and that no changes have occurred in required information since the last filed report.
If you checked the box, proceed to item 6.

1. Mailing address of registered office in Michigan (may be a P.O. Box) WOODROW WILSON, DETROIT, MI 48206		2. Resident Agent REV. _____		
3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office)				
4. Describe the purpose and activities of the corporation during the year covered by this report: NON PROFIT ORGANIZATION PROVIDING FOOD, HEALTH CARE, HOUSING AND VOCATIONAL SERVICES				
5. NAME and BUSINESS OR RESIDENCE ADDRESS				
If different than President	President (Required)	WAGASH, DETROIT, MI 48216		
	Secretary (Required)	AUBURN ST., PLYMOUTH, MI 48170		
	Treasurer (Required)	PEABODY, BLOOMFIELD HILLS, MI 48302		
	Vice President	COACHWOOD CIRCLE, NORTHVILLE, MI 48168		
	Director (Required)	SIDEYBROOK LANE, NOVI 48374		
Required 3 or more directors	Director (Required)	RIOPPELLE, DETROIT, MI 48203		
	Director (Required)	CHAYSLER, #, DETROIT, MI 48202		
	Director (Required)			
6. Report due October 1, 2012. Filing fee \$20.00. If no changes have occurred, this must be signed by the chairperson, vice-chairperson, president or vice-president. Please make your check or money order payable to the State of Michigan. Include payment with completed report in the same envelope. Return to: Department of Licensing and Regulatory Affairs Bureau of Commercial Services, Corporation Division P.O. Box 30767 Lansing, MI 48909 (517) 241-6470 OR File online at www.michigan.gov/fileonline				
Signature of authorized officer or agent _____		Title _____	Date _____	Phone (Optional) _____

ATTACHMENT #2

BCS/CD-2000 (06/12)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
NONPROFIT CORPORATION INFORMATION UPDATE
2012



Due October 1, 2012

This report can be filed online at www.michigan.gov/fileonline

Identification Number 886097	Corporation name [REDACTED], INC.
Resident agent name and mailing address of the registered office REV [REDACTED] [REDACTED] WOODROW WILSON DETROIT MI 48206	
<div style="text-align: center;">FILED AUG 08 2012 by Department Bureau of Commercial Services</div> <div style="text-align: right;">RECEIVED AUG - 3 2012 \$20 Dept. of LEG</div>	
The address of the registered office [REDACTED] WOODROW WILSON DETROIT MI 48206	

☐

I certify that the board consists of 3 or more directors, and further certify that all directors' names and addresses are previously filed with the Department, and that no changes have occurred in required information since the last filed report.

If you checked the box, proceed to item 6.

1. Mailing address of registered office in Michigan (may be a P.O. Box) [REDACTED] WOODROW WILSON, DETROIT, MI 48206	2. Resident Agent REV. [REDACTED]
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ATTACHMENT #3

ARTICLES OF INCORPORATION

(CERTIFICATE OF INCORPORATION)

ATTACHMENT #3

BCS/CD-502 (Rev. 04/11)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMERCIAL SERVICES	
Date Received JUN 15 2011	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.
JUL 22 2011	
Name [REDACTED]	
Address [REDACTED] Commonwealth St.	
City Detroit	State MI
ZIP Code 48208	

Trans Info: 16953774-1 06/14/11
ChkB: 1204 Amt: \$10.00
ID: 30NYA ZIAJA

FILED
JUL 26 2011
Administrator
EFFECTIVE DATE

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

70982D

ARTICLES OF INCORPORATION For use by Domestic Nonprofit Corporations (Please read information and instructions on the last page)

Pursuant to the provisions of Act 162, Public Acts of 1982, the undersigned corporation executes the following Articles:

ARTICLE I

The name of the corporation is:

ARTICLE II

The purpose or purposes for which the corporation is organized are:

[REDACTED] is a foundation incorporated for the purpose of receiving and administering funds for preservation of objects of historical and/or natural interest, educational, and charitable purposes and public welfare.

Said corporation will conduct research and support the research of others on Michigan related public policy issues, which the corporation will publish on its website and in third party independent and academic journals; will submit amicus briefs and administrative comments as appropriate; and will engage in community outreach by conducting educational conferences and seminars.

ARTICLE III

1. The corporation is organized upon a Nonstock basis.
(Stock or Nonstock)

2. If organized on a stock basis, the total number of shares which the corporation has authority to issue is n/a. If the shares are, or are to be, divided into classes, the designation of each class, the number of shares in each class, and the relative rights, preferences and limitations of the shares of each class are as follows:

ATTACHMENT #3

BCS/CD-502 (Rev. 04/11)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMERCIAL SERVICES											
Date Received JUN 15 2011	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	Tran Info:1 16953774-1 06/14/11 Chk#: 1204 Amt: \$20.00 ID: . BONYA ZIAJA FILED JUL 26 2011 Administrator BUREAU OF COMMERCIAL SERVICES EFFECTIVE DATE:									
JUL 22 2011											
<table border="1"><tr><td colspan="3">Name [REDACTED]</td></tr><tr><td colspan="3">Address [REDACTED] Commonwealth St.</td></tr><tr><td>City Detroit</td><td>State + MI</td><td>ZIP Code 48208</td></tr></table>			Name [REDACTED]			Address [REDACTED] Commonwealth St.			City Detroit	State + MI	ZIP Code 48208
Name [REDACTED]											
Address [REDACTED] Commonwealth St.											
City Detroit	State + MI	ZIP Code 48208									

Document will be returned to the name and address you enter above.
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70982D

ARTICLES OF INCORPORATION For use by Domestic Nonprofit Corporations (Please read information and instructions on the last page)

Pursuant to the provisions of Act 162, Public Acts of 1982, the undersigned corporation executes the following Articles:

ARTICLE I

The name of the corporation is:

[REDACTED]

ATTACHMENT #4

501(c)(3) NONPROFIT DESIGNATION

**Letter from the
Internal Revenue Service**

ATTACHMENT #4

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: December 5, 2002

Person to Contact:
Sheila Schrom 31-02836
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 8:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:

W. Grand Blvd.
Detroit, MI 48208

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in May 1988 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

-2-

Alternatives for Girls
38-2766412

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

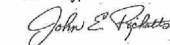
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

ATTACHMENT #5

FINANCIAL STATEMENT

Most recent fiscal year

ATTACHMENT #5

FINANCIAL STATEMENT

Most recent fiscal year

www.sba.gov

ATTACHMENT #6

(PS, HPS)

SCOPE OF SERVICE
(only if under existing contract)

ATTACHMENT #7

(PS, HPS)

SCHEDULE E

(only if under existing contract)

ATTACHMENT #8

(PS, HPS)

INSPECTION REPORTS

ATTACHMENT #8

(PS, HPS)

INSPECTION REPORTS

- Health Department
- Fire Department
- Buildings, Safety Engineering and
Environmental Department

ATTACHMENT #9

(PS, HPS)

PROOF OF OPERATIONS

**letter from outside evaluator,
newspaper article,
performance report to funder,
etc.**

ATTACHMENT #6

(PFR, CFR)

INSPECTION REPORTS

- Health Department
- Fire Department
- Buildings, Safety Engineering and
Environmental Department

ATTACHMENT #7

(PFR, CFR)

PROOF OF OPERATIONS

**letter from outside evaluator,
newspaper article,
performance report to funder,
etc.**

ATTACHMENT #8

(PFR, CFR)

MASTER REHABILITATION PLAN

**must include a building assessment from a
registered architect or engineer**

ATTACHMENT #9

(PFR, CFR)

PROPERTY TAX STATEMENT

for the facility being rehabilitated

**Please remember to
sign and notarize the
certification page!
(19 or 23)**

TIPS FOR PROPOSAL SUBMISSION

DO

**TURN THE
PROPOSAL
IN ON
TIME**



DON'T



**DON'T
FORGET
ANY PAGES**

DO

**ANSWER ALL
THE
QUESTIONS**



DON'T

**DON'T CONFUSE
ATTACHMENT #2
REGARDING THE MI
ANNUAL NONPROFIT
REPORT**

DO



**HAVE THE
PROPOSAL
NOTARIZED**

DON'T

**DON'T MESS UP THE #'S;
MAKE SURE YOUR
BUDGET ADDS UP
& INCLUDE A FINANCIAL
STATEMENT**

DO

**LOOK FOR
OTHER
SOURCES
OF FUNDS**



DON'T



**DON'T
GET
FRUSTRATED
OR
ANGRY**

Short Break





Public Service

and

Homeless Public Service



Pages 11-14

WHAT IS PUBLIC SERVICE?

**In this case it is Services provided to
the community by a
Non-profit Organization**

- Recreation • Nights of shelter • Food bags
- Youth tutoring • Prescriptions • Legal services
- Hot meals • Dental services • Health clinic

Funding Priorities for PS

- Public Safety
- Foreclosure Prevention
- Education
- Homeless/Emergency
- Health
- Recreation
- Seniors
 - Transportation
 - Health Services

Funding Priorities for HPS

- Emergency Shelter/Transitional Housing
- Emergency Supportive Services
- Homeless Prevention Activities

REQUESTED RANGES:



- PS = Request must be a minimum \$100,000
- Homeless PS= Request must be a minimum \$100,000

Project Description

- **Provide an estimate of the total number of individuals or the number of households needing the project services in the selected project area?**
 - **Number of individuals**
 - **Number of households**

PS/ HPS-2 NOF Funding Request

- What are your reasons for requesting CDBG/NOF funding for this activity
 - Continue existing CDBG/NOF funded Public Service project
 - Prevent reduction of existing service levels (*due to increased costs*)
 - Expand (add to) existing service levels to meet unmet demand or increased needs
 - Create a new activity to meet a gap in existing services
 - Replace a loss of other funding to existing program
 - Match or leverage another funding source
 - Replace volunteer efforts
 - Other, please explain



Detailed Project Description

PS/HPS-3

- **Provide a detailed description of the proposed project, including how it will be implemented and plans for continued operations.**

(2- Page Maximum Response)

page 11

Detailed Project Description

- (a) What specific services are to be provided?
- (b) When and how will these services be provided?
- (c) Who will be assisted and what number of persons will be assisted?
- (d) Describe how the activity will be implemented, operated, and administered.
- (e) What major equipment, special events, field trips or like components are necessary to operate the project?
- (f) What and how many workers, by job title, will plan, supervise and monitor project performance?
- (g) If volunteers are used, how many and what will they do?
- (h) If contract workers are used, state how many will be used and describe their duties.

Project/Activity Objectives

PS/HSP 4

- **What will YOUR program accomplish?**
- **Where will your project/activity or target population be when the grant or contract period is complete? i.e.**
 - **Completed improvement or phase**
 - **Improve child-rearing skills**
 - **Improve how families make decisions, etc.**

SELF-SUFFICIENCY

PS/HPS-5

- **What are the steps your organization is taking to move your service population to self-sufficiency?**

PS/HPS-6

INTAKE

What is your intake process, i.e., how do you register, enroll, or initiate services for your clients?

- *Register at first visit***
- *In home visit***
- *Only by referral***
- *Etc.***

Who are you serving?

PS/HPS-7

- What% of participants are low to moderate income?
- How do you document income?

Page-12

Who are you serving?

PS/HPS-8

- What% of your clients are Detroit residents?
- How do you document that participants meet the residency requirement?

Page-12

Who are you serving?

PS/HPS-9

- **Is this activity intended exclusively to serve persons with AIDS or HIV?**
 - **This is a YES or NO question.**

Page-12

FEES

- **Does Your organization charge fees for your services?**
- **How much?**
- **Waive fees for those unable to pay?**

PUBLICITY – GETTING THE WORD OUT

- **Newsletter/flyer**
- **Sign**
- **Request referrals**
- **Word of mouth**
- **Other**

PS/HPS-13

HOURS OF OPERATION

PS/HPS-14, 15 & 16

- Year Round Operation
- How many hours
- What hours
- What days
- Will hours change with new CDBG/NOF funds?

Similar Services

PS/HPS-17

- **Are there any other organizations that provide a similar service in your service area?**

Community Support

PS/HPS-18

- **What community support do you have for this program, i.e. how do you relate to the community around the location of your project?**
- **How do you involve other community organizations and/or residents?**

Community Involvement

PS/HPS-19

- **In what ways is your organization collaborating or partnering with other organizations?**

BUILDING INFO

- **Provide one for each site you operate from**
- **Need to know whether your facility is ADA**
- **What are you doing about it?**

OUTPUTS & OUTCOMES

NEW SECTION

6 QUESTIONS

Page 15

OUTPUTS & OUTCOMES

OUT-1 & 2
OUT-1 & 2

- If the proposed activity is already in existence, what were its outputs for the most recently completed fiscal year?
- What are the outputs for the proposed activity in the current fiscal year?

OUTPUTS & OUTCOMES

OUT-3

- Define each unit of service that is an element of the program to be funded by CDBG/NOF, how this unit is measured, and how many you provided in the most recently completed fiscal year.

OUTPUTS & OUTCOMES

OUT-4

- **Describe or provide documentation that confirms successful past activity performance that pertains to the proposed activity or success in completing similar activities.**

OUTPUTS & OUTCOMES

OUT-5

- What standards, measures, benchmarks are used to assure or verify that your program is a quality/successful program?

OUTPUTS & OUTCOMES

OUT-6

Multiple Part Question

- **Benefits to your clients**
- **What outcomes do you expect to produce**
- **What actual impacts/outcomes have you realized**
- **How do you know these outcomes occurred**

*PUBLIC
FACILITY
REHAB
&
COMMERCIAL
FAÇADE
REHAB*



PFR: PURPOSE

- Rehab buildings that provide space or will provide space for CDBG eligible, **currently operating** public service programs
- Facility must be open to the public on a regular basis (35hr/wk min.)

FUNDING PRIORITIES

- **Building Code violations**
- **Federal ADA Compliance**
- **Hazardous conditions/safety concerns**
- **Energy efficiency upgrades**

PROPERTY CONTROL

- **Must own property/pending purchase OR**
 - **Long term lease**
 - **Must have lease of at least 5 yrs (10 yrs preferred)**
 - **Must agree to 5 year lien**
- *MUST SUBMIT COPY OF LEASE/DEED WITH PROPOSAL**

REQUIRED PS ACTIVITY INFO:

- **Outputs of PS program?**
- **Hours of operation (35hr/week minimum)?**
- **PS funding sources**
 - **Is PS activity self-sustaining?**

FUNDING ASSESSMENT

- **Past PFR, CDBG funding**
- **Other funding sources**
- **Master Rehabilitation Plan will determine cost, priority work**
- **Minimum request \$100K**

MATCHING FUNDS

- **Must provide a 35% match**
 - **Ex. \$100k allocation = \$35K required match**
- **Document matching funds**
 - **Attempt raising other funds**

RELIGIOUS ACTIVITIES

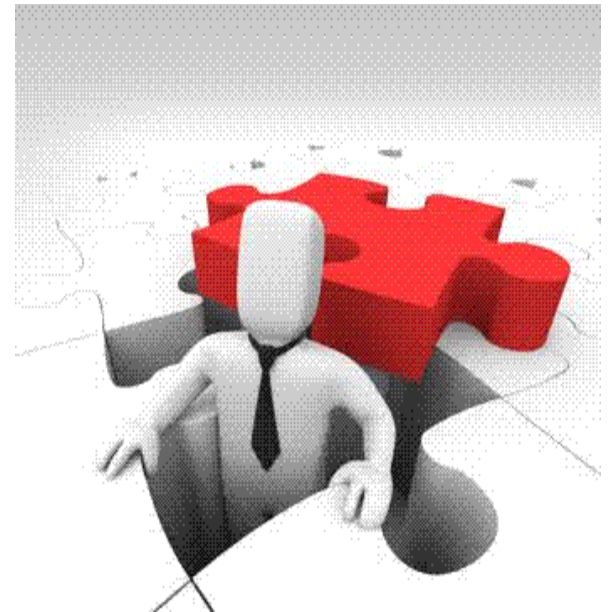
- **FACILITY/SPACE USED FOR PUBLIC SERVICES MUST NOT BE USED:**
 - **FOR INHERENTLY RELIGIOUS ACTIVITIES**
 - **AS PRINCIPLE PLACE OF WORSHIP**
- ❖ **CANNOT DISCRIMINATE AGAINST PERSONS SEEKING PUBLIC SERVICE ON THE BASIS OF RELIGION**

BUILDING INFORMATION

- **Information required for building to be rehabilitated**
 - **Taxes up to date?**
 - **Licensing?**
 - **Compliant with fire codes, zoning regulations?**
 - **Religious activities held at the site?**
 - **Recent inspections?**

MASTER REHABILITATION PLAN: BUILDING ASSESSMENT

- Architect or engineer must be **registered in the state of Michigan**
- Must indicate building code & ADA compliances
- Must indicate hazardous/flammable materials on site and any implications of rehab



MASTER REHABILITATION PLAN

- Groups must cover cost of MRP
- 2 copies of MRP required this year
- If you submitted an MRP last year, you must submit an **updated** copy of it this year
- Updated MRPs must include any hazardous/flammable materials disclosure and any safety or environmental concerns that may arise due to rehab
- **MRP DUE WITH PROPOSAL ON JANUARY 11TH..NO EXTENSION..NO EXCEPTIONS**

BUILDING ASSESSMENT *CRITERIA*

- **COMPLETED MRP MUST ADDRESS THE FOLLOWING CRITERIA:**
 - ✓ **Building history**
 - ✓ **Building Assessment**
 - ✓ **Building Warranties/Insurances**
 - ✓ **Code Violations**
 - ✓ **Building/Zoning Classification**
 - ✓ **Building Photographs**
 - ✓ **Cost estimate**
 - ✓ **Summary of Rehabilitation Work**

MASTER REHABILITATION PLAN

- MRP must be completed by architectural or engineering consultant **registered in the state of Michigan**
- For assistance in selecting an architect or engineer you may contact the following person at PDD:
 - **John Saad (313) 224-3519**

COMMERCIAL FAÇADE REHABILITATION

- **Description of project, location, name of principal non-profit organization**
- **Building photographs- exterior AND interior**
- **Cost breakdown:**
 - **Consultant fees (12% limit)**
 - **Administration fees (3% limit)**
 - **Construction costs**

COMMERCIAL FAÇADE REHABILITATION

- **Construction costs may include any code violations and improvement on the façade of the building that is visible to pedestrians:**
 - **BRICK/STONE WORK RESTORATION**
 - **WINDOW/EXTERIOR DOOR REPLACEMENT**
 - **EXTERIOR PAINT**
 - **ATTACHED SIGNAGE, CANOPY**
 - **LIGHTING/EXTERIOR ELECTRICAL**

COMMERCIAL FAÇADE REHABILITATION

- **50% MATCHING FUNDS REQUIRED**
 - Landscaping
 - Fencing & decorative walls
 - Site improvement
 - Trash enclosures
 - Stand alone signs



ALL CONSIDERED MATCH

COMMERCIAL FAÇADE REHABILITATION

- Ready for implementation?
- Budget
 - document cash on hand
 - Other funding sought/awarded?

Contact **Paul Aleobua** of PDD for more
information: **313.224.2170**

QUESTIONS????